## ARIZONA FORM

## **Resident Personal Income Tax Return (Short Form)**

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		140A											
	Your first name and initial			Last name				Your social security number					
-		joint return, spouse's first name and initial			Last name			Spouse's social sec		security	curity number		
_	1	esent home address - number and street, rural route  Apt. No.  Da  (								1			
	Pres				Daytime telepho						<b>IPORTANT!</b>		
_	2				( )			your SSN(s) above.					
	City,	, town or post office Stat	Home telephon	e <b>94</b>			For DOR us	e only					
	3												
S	4												
statu	5	Head of household - name of qualifying	dependent :										
Filing Status		Married filing separate return. Enter spo	ouse's social s	ecurity numbe	r above		88						
团	<u>6</u> 7	and full name here. ➤ Single											
ons	8	Age 65 or over (you and/or spouse)			Enter the nu		81						
Exemptions	9	Blind (you and/or spouse)			Enter the number claimed. Do		82		4 mont	nth federal extension 82 D			
Exe	10	Dependents. From page 2, line A2 - do		•	a check mari		CHECK	ONE if fili	na		federal extension 82 F		
	11	Qualifying parents and ancestors. <i>Froi</i>						federal ex	iterision.	-			
		Federal adjusted gross income (from your federal adjusted gross income). Exemption - Age 65 or over. Multiply number is							0		2	00	
		Exemption - Age 65 of over. <i>Multiply number in box 9 b</i>							0				
		Exemption - Dependents. <i>Multiply number in the</i>							0	0			
	16	Exemption - Qualifying parents and ancestors	. Multiply the	number in box	11 by \$10,000 .				0	-			
		Total subtractions. <i>Add lines 13 through 16</i>										00	
		Arizona adjusted gross income. Subtract line Standard deduction. If you checked filing state									_	00	
		Personal exemptions. See page 5 of the instr								·· —		00	
	21	Arizona taxable income. Subtract lines 19 and	d 20 from line	18						2	1	00	
	22	Amount of tax from Optional Tax Rate Tables			4 🔲 2615					22	2	00	
		Clean Elections Fund Tax Reduction. See instructions, page 6 231 YOURSELF 23 2 SPOUSE  Tax reduction. Complete worksheet on page 7 of the instructions.							24	4	00		
		Reduced tax. Subtract line 24 from line 22										00	
		Family income tax credit from worksheet on p										00	
		Subtract line 26 from line 25. If less than zero										00	
		Clean Elections Fund Tax Credit. From works										00	
		Balance of tax. Subtract line 28 from line 27. I Arizona income tax withheld during 1999						30	0		9	00	
		Amount paid with 1999 Arizona extension req						31	0				
		Property tax credit. Attach Arizona Form 140F						32	0	0			
		Total payments/credits. Add lines 30 through										00	
		TAX DUE. If line 29 is larger than line 33, ento OVERPAYMENT. If line 33 is larger than line		,								00	
		Voluntary gifts to:	29, eriler arrio	ин от очеграу	THEH					3,	3	00	
		Aid to Education Fund (Enter entire refund only) 36		00	Arizona Wildlife	e Fund		37	0	0			
Attach payment on top.		Citizens Clean Elections Fund 38		00	Child Abuse Pr	evention Fu	ınd	39		0			
ᅙ	Domestic Violence Shelter Fund  40  00  Neighbors Helping Neighbors Fund  41  00  12  13												
ayme	Special Olympics Fund  42								0				
sh ps	44	Total voluntary gifts. <i>Add lines 36 through 43</i>	Democra	111C 44 Z	LIDERIARIAN 443	кею	)[[]] 444	кері	IDIICAN	4!	5	00	
Atta		REFUND. Subtract line 45 from line 35. If less									6	00	
نه	47	AMOUNT OWED. Add lines 34 and 45. Inclu	ide SSN on pa	yment Make	Checks Payable	e To: Ariz	ona Depa	artment of	f Revenue	4	7	00	
2 he	l h	have read this return and any attachments with it. Un	nder nenalties of	neriury I declar	e that to the hest of	of my know	wledge and	helief th	ev are true correct	and co	mnlete		
≱	De	eclaration of preparer (other than taxpayer) is based			oarer has any knov	vledge.	-	a bollor, are	oj are auto, comoci	una co	impleto.		
Attach W-2 here.	10	our signature			Date	Occupat	IUII						
4	Sr	pouse's signature			Date	Spouse's	s occupation	on					
						Ī							
		reparer's signature			Firm's name	(preparer's	s II seif-em	ipioyed)					
Preparer's TIN Date Preparer's address									_				

## Form 140A (1999) Page 2

PART A Dependents

Do not list yourself or spouse

**A1** List children and other dependents. If more space is needed, attach a separate sheet.

First name	Last name	Social security number		number	Relationship	No. of months lived in your home in 1999

<b>A2</b>	Enter total number of persons listed in A1 here and on the front of this form, box 10.	TOTAL	A2	
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A3 Enter the names of the dependents age 65 or over listed above who do not qualify as your dependent on your federal return:

A4 List qualifying parents and ancestors. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor, see page 5 of the instructions.

First name	Last name	Social se	curity r	number	Relationship	No. of months lived in your home in 1999	

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11.

PART B

**B6** Last name(s) used in prior years if different from name(s) used in current year.

If you are sending a payment with this return, mail to: Arizona Department of Revenue, PO Box 52016, Phoenix AZ 85072-2016.

If you are expecting a refund, or owe no tax, or owe tax but are not sending a payment, mail to: Arizona Department of Revenue, PO Box 52138, Phoenix AZ 85072-2138.

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